

Geriatric Suicide Risk Factors

- **Mood Disorder** Mood problems like depression greatly increase suicide risk
- **Hopelessness** Hopelessness, combined with any other risk factor, greatly increases suicide risk
- **Chronic Pain** Patients with long-term pain problems have an increased suicide risk, with risk increasing with greater pain severity
- **Age** Elderly patients (older than age 75) have a significantly higher suicide risk
- **Lethal Means** Access to a gun creates an increased risk of completed suicide

Pain has taken over my Mind & Body

I need Back Surgery

Left & Right Rotator Cuffs

Right Bicep Torn







Back Surgery to correct Pain in Legs

Forgive me, I cannot go on like this!

I cannot have my body, the temple
of the Holy Spirit cut on anymore

I have talked to God all night and
He understands,

Mr. Smith's Suicide Risk Factors

-  **Chronic Pain** Mr. Smith suffered severe chronic pain, which worsened dramatically in the months before his death
-  **Untreated Depression** Mr. Smith was diagnosed with depression before he started Neurontin, and this depression went untreated
-  **Hopelessness** Mr. Smith became hopeless when he was told there were no more options for treating his pain
-  **Suicidal Ideation** Mr. Smith's pain led to suicidal thoughts, which he expressed on at least two occasions before starting Neurontin
-  **Age** Mr. Smith was an elderly white male, part of a group with the highest rate of completed suicide
-  **Access to Firearms** Mr. Smith had access to guns in his home, an important risk factor for suicide

Mr. Smith's Pain Complaints

1988	1989	1990	1991	1992	1993
Dr. Tom Nesbitt <ul style="list-style-type: none"> Rectal pain with radiation, began after knee surgery Spalding & Nesbitt Urology Clinic, 000006-625NUC-00027 	Dr. James Cato <ul style="list-style-type: none"> Hand tightness; decreased grip Heritage Medical Associates, 000006-1PRD-00009 Pelvic pain Heritage Medical Associates, 000006-42HMA-00216 Dr. Stewart F. Stowers <ul style="list-style-type: none"> Right heel pain; right knee pain Nashville Orthopedic Associates, 000006-69AQC-00077 Bilateral knee pain Nashville Orthopedic Associates, 000006-69AQC-00076 Right hip pain Nashville Orthopedic Associates, 000006-69AQC-00076 Suprapubic pain [groin area] Nashville Orthopedic Associates, 000006-69AQC-00075 	Dr. Stewart F. Stowers <ul style="list-style-type: none"> Left hip pain extending to groin Nashville Orthopedic Associates, 000006-69AQC-00074 Dr. James Cato <ul style="list-style-type: none"> Back pain; upper abdominal burning; tiredness Heritage Medical Associates, 000006-42HMA-00217 Left jaw and ear pressure/soreness; left facial numbness Heritage Medical Associates, 000006-1PRD-00013 Dr. Tom Nesbitt <ul style="list-style-type: none"> Testicular pain Spalding & Nesbitt Urology Clinic, 000006-625NUC-00025 Dr. David M. Dyer <ul style="list-style-type: none"> Chronic right groin/testicular pain 000006-625NUC-00055 	Dr. David M. Dyer <ul style="list-style-type: none"> Left groin pain 000006-625NUC-00054 Dr. James Cato <ul style="list-style-type: none"> Left jaw, throat, and ear pressure Heritage Medical Associates, 000006-1PRD-00015-16 Left shoulder complaints; left hip soreness Heritage Medical Associates, 000006-1PRD-00015-16 	Dr. Michael Santi <ul style="list-style-type: none"> Chronic abdominal pain Colon & Rectal Surgery Associates, 000006-48CRSA-00009 	Dr. Stewart F. Stowers <ul style="list-style-type: none"> Severe left knee problems; pain in left ankle Nashville Orthopedic Associates, 000006-69AQC-00071 Dr. James Cato <ul style="list-style-type: none"> Swelling in hands and ankles; left knee problems Heritage Medical Associates, 000006-42HMA-00220 Tenderness in left ribs Heritage Medical Associates, 000006-1PRD-00022
1994	1995	1996	1997	1998	1999
Dr. Stewart F. Stowers <ul style="list-style-type: none"> Left knee tightness; pain in left ankle Nashville Orthopedic Associates, 000006-69AQC-00064 	Dr. James Cato <ul style="list-style-type: none"> Numbness to left side of face/eye; left tooth problems Heritage Medical Associates, 000006-1PRD-00023 Left chest soreness Heritage Medical Associates, 000006-42HMA-00223 Dr. David M. Dyer <ul style="list-style-type: none"> Left groin pain 000006-30HMA-00072 Dr. Stewart F. Stowers <ul style="list-style-type: none"> Left knee ache Tennessee Orthopedic Associates, 000006-69AQC-00063 	Dr. Stewart F. Stowers <ul style="list-style-type: none"> Severe right hip pain Tennessee Orthopedic Associates, 000006-69AQC-00062 Dr. Eugene M. Regan Jr. <ul style="list-style-type: none"> Right hip and groin pain; significant limp Tennessee Orthopedic Alliance, 000006-69AQC-00061 Difficulty sleeping because of hip pain Tennessee Orthopedic Alliance, 000006-69AQC-00061 Left shoulder problems Tennessee Orthopedic Alliance, 000006-32TOA-00047 Vicki Bryant, P.T. <ul style="list-style-type: none"> Low back pain; foot symptoms 000006-69AQC-00133 Dr. James Cato <ul style="list-style-type: none"> Lower abdominal pain Heritage Medical Associates, 000006-30HMA-00029 Chest pain; arm tingling; numbness to left side of face Heritage Medical Associates, 000006-30HMA-00030 	Dr. Tom Nesbitt <ul style="list-style-type: none"> Difficulty urinating, with burning Spalding & Nesbitt Urology Clinic, 000006-625NUC-00021 RAH <ul style="list-style-type: none"> Lower abdominal pain Colon & Rectal Surgery Associates, 000006-48CRSA-00006 Pressure in rectum, scrotum, and groin Colon & Rectal Surgery Associates, 000006-48CRSA-00006 Dr. Eugene M. Regan Jr. <ul style="list-style-type: none"> Right knee pain; low back pain; left knee tightness Tennessee Orthopedic Alliance, 000006-32TOA-00046 Dr. Tom Nesbitt <ul style="list-style-type: none"> Testicular pain; erectile discomfort Spalding & Nesbitt Urology Clinic, 000006-625NUC-00018 	Dr. James Cato <ul style="list-style-type: none"> Chest discomfort; facial soreness Heritage Medical Associates, 000006-30HMA-00032-33 Dr. Eugene M. Regan Jr. <ul style="list-style-type: none"> Left ankle pain Tennessee Orthopedic Alliance, 000006-32TOA-00044-45 Increasing right knee pain with significant limp Tennessee Orthopedic Alliance, 000006-32TOA-00044-45 	Dr. James Cato <ul style="list-style-type: none"> Left shoulder soreness and biceps tenderness Heritage Medical Associates, 000006-30HMA-00036-37 Pain under rib cage Heritage Medical Associates, 000006-42HMA-00116-117 Dr. Stewart F. Stowers <ul style="list-style-type: none"> Right knee stiffness Tennessee Orthopedic Associates, 000006-32TOA-00023 Baptist Hospital ER <ul style="list-style-type: none"> Rib pain; shoulder pain; chest pain; abdominal pain 000006-78BAH-00019

Mr. Smith's Pain Complaints

2000	2001	2002	2003	2004	
<div>Dr. Stewart F. Stowers</div> <div><div>Left sacroiliac pain [hip/buttocks region]</div><div>Tennessee Orthopedic Alliance, 000006-69AQC-00022</div></div> <div><div>Left knee flare-up; ankle soreness</div><div>Tennessee Orthopedic Alliance, 000006-69AQC-00021</div></div>	<div>Dr. Stewart F. Stowers</div> <div><div>Left shoulder pain</div><div>Tennessee Orthopedic Alliance, 000006-32TOA-00022</div></div> <div><div>Left knee pain</div><div>Tennessee Orthopedic Alliance, 000006-69AQC-00016</div></div> <div><div>Left knee and left ankle pain</div><div>Tennessee Orthopedic Alliance, 000006-69AQC-00015</div></div>	<div>Dr. Stewart F. Stowers</div> <div><div>Left shoulder pain and weakness</div><div>Tennessee Orthopedic Alliance, 000006-32TOA-00021</div></div> <div><div>Left knee pain</div><div>Tennessee Orthopedic Alliance, 000006-32TOA-00021</div></div>	<div>Dr. Tom Nesbitt</div> <div><div>Intermittent groin pain, pain with urination</div><div>Spalding & Nesbitt Urology Clinic, 000006-62SNUC-00011</div></div> <div><div>Leg and spine pain</div><div>Spalding & Nesbitt Urology Clinic, 000006-62SNUC-00028</div></div> <div>Dr. Michael Santi<div><div>Lower abdominal pain</div><div>Colon & Rectal Surgery Associates, 000006-48CRSA-00005</div></div></div> <div>Dr. James Cato<div><div>Sore joints; bladder/prostate symptoms</div><div>Heritage Medical Associates, 000006-30HMA-00058-59</div></div><div><div>Pain in all joints; not sleeping</div><div>Heritage Medical Associates, 000006-30HMA-00060-62</div></div><div><div>Joint pain; back pain/numbness/tingling</div><div>Heritage Medical Associates, 000006-42HMA-00140-141</div></div><div><div>Anxiety and depression</div><div>Heritage Medical Associates, 000006-30HMA-00063-64</div></div><div><div>Nerve pricking down back; pain in legs, knees, ankles after lumbar surgery</div><div>Heritage Medical Associates, 000006-30HMA-00063-64</div></div><div><div>Right hamstring spasm</div><div>Heritage Medical Associates, 000006-30HMA-00065-66</div></div></div> <div>Dr. Michel McDonald<div><div>Arthritis</div><div>Vanderbilt University Medical Center, 000006-40VUM-00009</div></div></div> <div>Dr. Stuart E. Smith<div><div>Pain in buttocks radiating to calves</div><div>Tennessee Orthopedic Alliance, 000006-69AQC-00006</div></div><div><div>Bilateral hip and knee pain</div><div>Tennessee Orthopedic Alliance, 000006-69AQC-00006</div></div></div> <div>Dr. Carl Hampf<div><div>Hip, back, and bilateral leg pain and paresthesias</div><div>000006-53CAH-00003-4</div></div><div><div>Frequent joint pain, even in replaced joints</div><div>000006-1PRD-00162-165</div></div><div><div>Depressed because of pain and lack of sleep</div><div>000006-1PRD-00162-165</div></div></div>	<div>Dr. Frank M. Berklaich</div> <div><div>Significant low back and bilateral leg pain</div><div>000006-18FMB-00002-3</div></div> <div><div>Numbness and pins/needles in both legs</div><div>000006-18FMB-00002-3</div></div> <div><div>Weakness and difficulty walking</div><div>000006-18FMB-00002-3</div></div> <div><div>Sleep impaired by pain</div><div>000006-18FMB-00002-3</div></div> <div><div>Diarrhea due to anxiety and pain</div><div>000006-52FMB-00041</div></div> <div>Dr. Paul R. McCombs III<div><div>Back and bilateral leg pain</div><div>Neurosurgical Associates, 000006-34NEA-00021</div></div><div><div>Back and bilateral leg pain symptoms unchanged</div><div>Neurosurgical Associates, 000006-34NEA-00020</div></div><div><div>Severe low back and leg pain after lumbar surgery</div><div>Neurosurgical Associates, 000006-1PRD-00408</div></div><div><div>Continues with pain and is very concerned</div><div>Neurosurgical Associates, 000006-1PRD-00408</div></div><div><div>Wishes he could die because of pain and depression</div><div>Neurosurgical Associates, 000006-1PRD-00408</div></div><div><div>Increased leg pain after lumbar surgery</div><div>Neurosurgical Associates, 000006-34NEA-00001</div></div></div> <div>Dr. Jeffrey L. Herring<div><div>Right ankle pain</div><div>Tennessee Orthopedic Alliance, 000006-69AQC-00003</div></div></div> <div>Powers Chiropractic Clinic<div><div>Right shoulder pain</div><div>000006-126MAC-00002-3</div></div></div>	<div>Neurosurgical Associates</div> <div><div>Shocking sensation in bilateral legs</div><div>000006-34NEA-00002</div></div> <div>Dr. James Cato<div><div>Pain from back to ankles</div><div>Heritage Medical Associates, 000006-42HMA-00097</div></div><div><div>Left shoulder pain; chest tightness</div><div>Heritage Medical Associates, 000006-42HMA-00089-90</div></div></div> <div>Dr. William A. Shell<div><div>Persistent low back pain since lumbar surgery</div><div>Tennessee Orthopedic Alliance, 000006-32TOA-00002-3</div></div><div><div>Bilateral radiating leg pain</div><div>Tennessee Orthopedic Alliance, 000006-32TOA-00002-3</div></div></div> <div>Dr. Edward S. Mackey<div><div>Increasing left leg pain</div><div>Tennessee Orthopedic Alliance, 000006-32TOA-00004</div></div><div><div>Thoracic spine pain</div><div>Tennessee Orthopedic Alliance, 000006-32TOA-00015-16</div></div><div><div>Back and radicular pain; knee pain</div><div>Tennessee Orthopedic Alliance, 000006-32TOA-00005, 9</div></div><div><div>Knee pain; worsening bilateral leg pain, using wheelchair, not sleeping well</div><div>Tennessee Orthopedic Alliance, 000006-32TOA-00007</div></div></div> <div>Dr. Tom Nesbitt<div><div>Difficulty urinating since back surgery</div><div>Spalding & Nesbitt Urology Clinic, 000006-62SNUC-00009</div></div></div> <div>Pam Krancer, R.N., C.S., CNRN<div><div>Bilateral leg pain radiating from buttocks, perineal area [groin], and thigh to knees</div><div>Neurosurgical Associates, 000006-34NEA-00003</div></div></div> <div>Physical Therapy Evaluation<div><div>Pain/tingling from lumbar spine to ankle; left groin pain</div><div>University Medical Center, 000006-35UMC-00058</div></div><div><div>Pain in knees and ankles; pain excruciating and sharp</div><div>University Medical Center, 000006-35UMC-00076</div></div></div>

March 11, 2003

Nurses Notes – Dr. Berklacich

NURSES NOTES

DATE _____ Name Richard Smith MR#: 5101

3-11-03 - called Dr. Berklacich regarding scheduling his surgery. He stated "I am already scheduled for surgery on Thursday 3-13-03 - I cannot wait - I am in so much pain." Look who the physician was and the patient did not want to tell me. Will make Dr. Hamp's office aware. Dr. Berklacich

4-15-04 - on Dr. Berklacich's doctor scheduled apt. Dr. Berklacich

000006-52FMB-00052

"I am already scheduled for surgery on Thursday 3-13-03 – I cannot wait – I am in so much pain."

May 2, 2003

Neurosurgical Associates Notes – Dr. McCombs

NEUROSURGICAL ASSOCIATES
PATIENT: SMITH, Mr. Richard H. Page 4
DOCTOR: Paul McCombs, M.D. B.D.

21 April 03 CV: The patient returns to the office today in followup status post D.L. four weeks ago. He is doing well at the present time and is pleased with the results of his surgery to date. His wound is healing nicely and looks fine. I have advised him regarding the care of his back during this period of convalescence. He will use his discomfort as a guide for his activity. He will return to see me in four weeks in followup and further recommendations will depend on how he is doing at that time. PRM/jb

No letter.

4/29/03 pr c/o not leg. pr being severe after going to church and out to lunch. He has a Medrol Dosepak that he will start on 4/30/03. He has taken 50 mg. of Vicod already today.

4/30/03 pr continues w/ pain & is very concerned. 7:30 AM CMC CBC & diff sent. Had late, prob. failed.

5/1/03 pr notified per PR that X-ray is good as well as pain.

4/30/03 patient's daughter states pr. wishes he could die because of pain & depression. Advised to take pr. to ER for psych. eval. & tx. per/ptla

Spoke w[ith] p[atien]t's daughter. States p[atien]t wishes he could die because of pain and depression. Advised to take p[atien]t to ER for psych. eval and tx [treatment].

RECEIVED CONFIDENTIAL

000006-1PRD-00408

SMITH_A_0000408

May 5, 2003

Neurosurgical Associates Notes – Dr. McCombs

NEUROSURGICAL ASSOCIATES
SMITH, Mr. Richard H. Page 5
Paul McCombs, M.D.

PATIENT:
DOCTOR:

34 1
Admission by Richard
on 5-5-04
He was taking
Neurontin

5 May 03 OY: The patient returns to the office today in followup status post DLL two weeks ago. He states that he has developed new symptoms of increased leg pain. A recent CT scan demonstrated postop changes. His wound is healing, nicely and looks fine. I have advised him regarding the care of his back during this period of continued convalescence. He will use his discomfort as a guide for his activity. He was given a prescription for Meprobam Fortis and Neurontin. He will return to see me in followup in three weeks and further recommendations will follow. PRM/jb

No letter

15 May 03 Note: I spoke with the patient today and it seems like he is starting to do better. His appointment has been moved up to next Friday. PRM/jb

No letter.

29 May 03 OY: The patient returns to the office today in followup status post DLL two months ago. He is doing better. I have advised him regarding the care of his back during this period of convalescence. His incision is healing nicely and looks fine. I have advised him to use his discomfort as a guide for his activity. He will return to see me in four weeks in followup and further recommendations will depend on how he is doing at that time. PRM/jb

No letter

30 June 03 OY: The patient returns to the office today in followup status post DLL three months ago. The patient is doing well at this present time and is pleased with the results of his surgery to date. I have advised him regarding the care of his back during this period of continued convalescence. He will use his discomfort as a guide for his activity. He was given a prescription for Flexeril and Lorab 5. I will see him in six weeks in followup and further recommendations will depend on how he is doing at that time. PRM/jb

No letter.

1/28/03 NS. (with 6/24)

000006-34NEA-00001

He states that he has developed new symptoms of increased leg pain.

May 15, 2003
Dr. Cato's Notes

Name: Rafael S. Smith SSN: 30869 Date: 05-15-03
 DOB: 7/13/64 Race: W Sex: M Height: 5'10" Weight: 175
 Address: 10101 N. 10th St. Suite 101
 City: Phoenix State: AZ Zip: 85018
 Phone: (602) 998-1234
 Ref: Dr. J. Smith
 Date of Exam: 05-15-03
 Time: 10:00 AM
 Reason for Exam: Annual Physical
 History of Present Illness: None
 Past Medical History: None
 Allergies: None
 Social History: None
 Family History: None
 Review of Systems: None
 Physical Examination: None
 Laboratory Tests: None
 Imaging: None
 Diagnosis: None
 Treatment: None
 Prognosis: None
 Signature: [Signature]
 Date: 05-15-03

Had back surgery 4-1.
Having a lot of pain
needing 4-5 miltex each

Cost/Laminar sy. Reson

Back pain

57/0

V10XX 12.5

Resiprenidol 10, hs

Exa 10 zd

February 25, 2004

Dr. Mackey's Note

235735
3-9-04
ESM

PATIENT NAME:	SMITH, RICHARD	DOS: 2/25/2004
PATIENT NUMBER:	V118895	JOB: 329920
PROVIDER:	Edward S. Mackey, M.D.	
DOCUMENT TYPE:	Phone Call	
PRACTICE NAME:	Tennessee Orthopaedic Alliance	
CHART LOCATION:	2	

DOB: 1/04/25

I spoke with Mr. Smith today regarding the results of his myelogram and post-myelogram CT. It shows incomplete bony fusion.

He is still having a lot of back and radicular pain. He also sounds like he is getting a lot of knee pain.

I will see him back in the office in March and take another look at him. I do believe he has a non-union at 4-5, but it is hard to tell whether or not this is the cause of his symptoms.

Edward S. Mackey, M.D./bdc

000006-32TOA-00009 329920

He is still having a lot of back and radicular pain. He also sounds like he is getting a lot of knee pain.

March 24, 2004

Pam Krancer's Notes (Dr. McCombs' Nurse Practitioner)

3/24/04 OV: ... He is again having bilateral leg pain that radiates down his buttocks, perineal area, anterior part of his thigh and down to his knee. ... He has difficulty with standing and ambulation. ... Dr. Mackey told him that it is recorded there is a break off of his fusion material that is encroaching some of the nerves in his lower back. ... He will have an ESI and start Neurontin 300 mg. po tid.

NEUROSURGICAL ASSOCIATES
PATIENT: SMITH, Mr. Richard
DOCTOR: Paul McCombs, M.D. Page 7 S.D.:

3/24/04 OV: The patient is seen in the office at the request of his wife. He is again having bilateral leg pain that radiates down his buttocks, perineal area, anterior part of his thigh and down to his knee. It does not go any further. He has difficulty with standing and ambulation. He went to see Dr. Mackey and Dr. Howell. After they worked him up they would not see him because he would not let them do his initial surgery. Review of the reports shows that he has stenosis at L2-3 and Dr. Mackey told him that it is recorded there is a break off of his fusion material that is encroaching some of the nerves in his lower back. Review of the CT and post myelogram shows spinal stenosis above his fusion site. I have discussed at length a treatment plan. He will have an ESI and start Neurontin 300 mg. po tid. He will followup with Dr. McCombs. He will also have an HMO per Dr. Clinton.

On exam he has a positive SLR at approximately 60 degrees for posterior thigh pain. He has had bilateral knee replacements and therefore it is difficult to evaluate knee reflexes. He has decreased ankle jerks in both legs. He denies any urinary or bowel incontinence. PM/jb

11 March 04 OV: The patient returns to the office today in followup. He had been seen by his orthopedist who sent him to Dr. Mackey who ordered a myelogram study. Dr. Mackey did not feel that the patient needed additional surgery. The patient was referred back here. His myelogram study demonstrated no nerve compromise. His HMO study demonstrated bilateral L5 and S1 radiculopathy which would explain his hip and leg pain. He is not a candidate for any type of operative intervention. He will be treated conservatively. He was instructed to take Ibuprofen 600 mg. t.i.d. and was given a prescription for Loratab to take as needed #45 with two refills. PRM/jb

No letter

3/3/04 Pt called c/o picking/ shooting feeling in buttocks & legs. He stated that he is taking Advil; Neurontin, Loratab w/ no relief. He is having P.T. at present but that hasn't helped so far. ESI has been suggested by Dr. Schmitt but pt does not want to do that. Will call back he decides to take advantage of ESI at later date.
000006-34NEA-00003

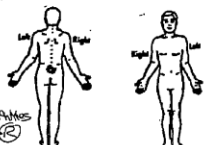
May 4, 2004

Physical Therapy Notes

UMC Pain Center - Physical Therapy Services • Daily Treatment / Progress Notes

Patient Name: Richard Smith Date: 5-4-04 Physician: Dr. McCortis

SUBJECTIVE:



Pain Scale 0-10

☐ 0=No Pain
☐ 1-2=mild pain
☐ 3-4=discomforting
☐ 5-6=distressing
☒ 7-8=excruciating
☐ 9-10=horrible

Quality:
☐ A=Dull
☒ S=Sharp
☐ C=Throbs
☐ D=Burns
☐ P=Itches
☐ N=Numb

Frequency:
☐ Increased
☐ Decreased
☐ No Change
☐ Intermittent
☐ Constant

Other: Done backhands, pain in pain
felt good about results
difficult to sleep

OBJECTIVE:
☐ Pelvic Alignment: Supine: Short ___ Long ___ Long Sitting: Short ___ Long ___ Other: ___
 Manual Therapy 97140
 Areas Treated: Quadriceps, TFL, Iliopsoas, Gluteus Medius, Gluteus Minimus
CP to Sacrum
☒ Soft Tissue Mobilization ☒ Myofascial Release ☐ Strain Counterstrain Techniques
☐ Positional Release Techniques ☒ AAROM / soft tissue mobilization / gentle stretch
☐ PROM / Mobilization ☐ Address facet / no dysfunction
☐ Other: ___
 Therapeutic Activities 97530

☐ AROM / AAROM ☐ Muscle Energy Techniques ☐ Coordination / Proprioceptive Training
☐ Neuromuscular Re-Education ☐ McKenzie Techniques
☐ Other: ___

 I: / Therapeutic Exercise 97110 Group Therapeutic Exercise 97150
Ball squats - bridges
☒ Therapeutic Exercise ☐ See Attached Therex Sheet
☒ Instruct / Perform / Review Self-treatment techniques ☐ Instruct / Perform / Review Home Exercise Program
☐ Postural Re-education / Body Mechanics ☐ Instruct / Patient Family Education
☐ Other: ___

000006-35UMC-00076

Pain Scale 0-10

☐ 0=No Pain

☐ 1-2=mild pain

☐ 3-4=discomforting

☐ 5-6=distressing

☒ 7-8=excruciating

☐ 9-10=horrible

May 19, 2004

Letter of Dr. Christopher Woods

CHRISTOPHER L. WOOD, D.D.S.
1802 17TH AVENUE SOUTH
HARRISVILLE, TENNESSEE 37812-2200
TELEPHONE 812-555-1255

May 19, 2004

Mr. Smith came in to see us on Monday, May 10th at 11:30. He called earlier not reaching us because a squirrel shorted out the transformer in our alley and shut power off from 7 until 9am that morning. Anna recounted he phoned my home to find what was going on. Excuse or not, currently Mr. Smith would have never allowed that to go without some flack yet I thought it ~~excuse it was not an accident~~

Mr. Smith was still troubled by back pain and immediately told me that an end to pain seemed to be hopeless. He mentioned trying to get second opinions but each orthopedic physician he saw seemed to tune him out after hearing he already had surgery. "It was like they were all protecting each other." I made the suggestion he consider clinics outside Tennessee but he did not answer. Finally he simply said "I wish I had never had the surgery in the first place." "I cannot cut the grass, work on cars – you know I used to like you do all the time." "Now I am almost useless."

Mr. Smith was still troubled by back pain and immediately told me that an end to pain seemed to be hopeless. He mentioned trying to get second opinions but each orthopedic physician he saw seemed to tune him out after hearing he already had surgery. "It was like they were all protecting each other." I made the suggestion he consider clinics outside Tennessee but he did not answer. Finally he simply said "I wish I had never had the surgery in the first place." "I cannot cut the grass, work on cars – you know I used to like you do all the time." "Now I am almost useless."

Mr. Smith limped a little upon getting up to leave and appeared to have some discomfort as he made his way out. This visit I noted he didn't joke or have that usual smile he would flash after launching a few barb comments directed at me. When he stood erect it appeared he had lost an inch or two in height, as I always had to stand erect to look him straight eye to eye. I asked about Donna and he paused, "say a little prayer for Donna". There was obvious concern in his eyes and I could tell it was probably of more concern than his own health. Those were his last words to me.

We all were distraught to hear the news when Pat called me last Thursday morning. Speechless pretty much summed up our reactions then that numb nausea that immediately invades the stomach when something happens to a person close and you really care about. Our concern about you and the entire family continues as we will continue to honor Mr. Smith's last request and see Donna through her battle with cancer. Maintain a positive attitude!

Sincerest regards,

Chris

000006-19CLW-00001

Mr. Smith was still troubled by back pain and immediately told me that an end to pain seemed to be hopeless. He mentioned trying to get second opinions but each orthopedic physician he saw seemed to tune him out after hearing he already had surgery. "It was like they were all protecting each other." I made the suggestion he consider clinics outside Tennessee but he did not answer. Finally he simply said "I wish I had never had the surgery in the first place." "I cannot cut the grass, work on cars – you know I used to like you do all the time." "Now I am almost useless."

February 27, 2003

Neurological Surgeons Questionnaire

NEUROLOGICAL SURGEON
NO. 964
NO. 188 P. 8
131693-9

New Patient Medical Questionnaire

Name: Richard H. Smith DOB: 04/24/47 MRN: 000006-1PRD-00162

Address: 10000 Park Ave. Suite 1000 TX 75001

Referring Doctor and address: Dr. Carl H. Smith - 10000 Park Ave. Suite 1000

Doctor you are seeing today: Carl H. Smith Today's date: 2/27/03

Do you have a feeling? Yes ☒ No ☐ Do you have an advanced disease? Yes ☒ No ☐ If you have a feeling tell us or an advanced disease please provide us with a copy for your chart.

Present Problem

1. Chief complaint - why are you seeing the Doctor today? Please describe your symptoms and length of time you have had them.

Severe pain in leg every day back of thigh, down
inner side, numbness, tingling, cold at groin
Tingling, numbness
Tried to repair before, no help, no better, still, still worse, still there

2. Have you had this problem before? Yes ☒ No ☐ If yes, how long? 10 years

NEUROLOGICAL SURGEON
NO. 964
NO. 188 P. 8
131693-9404

Migraine headaches

☒ Frequent episodes of joint pain, swelling, hot & red - even in replaced joints

☒ Severe back pain

☒ Onset of leg pain with walking

GENERAL

☐ Bleeds or bruises easily

☒ Any change in mood Depressed because of pain + lack of sleep

☒ Trouble sleeping why? No GABA given me. Hydrocodone

☒ Any change in mood Depressed because of pain + lack of sleep

HIGHLY CONFIDENTIAL 000006-1PRD-00162

Heart disease						
High blood pressure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Stroke						
Kidney disease						
Breast cancer			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Prostate cancer						
Colon cancer	<input checked="" type="checkbox"/>					
Psychiatric illness						
Anemia						

Social History

Do you use tobacco? No How much and how long?

Do you use alcohol? No How much and how long?

Education? High School

Vocation? Repair office equipment Part-time Still working? Retired

Are you exposed to toxins? No

Physician's Signature: [Signature] Date: 2/27/03

HIGHLY CONFIDENTIAL 000006-1PRD-00165 SMITH_R_0000166

May 2, 2003

Neurosurgical Associates Notes – Dr. McCombs

NEUROSURGICAL ASSOCIATES
PATIENT: SMITH, Mr. Richard H. Page 4
DOCTOR: Paul McCombs, M.D. B.D.

21 April 03 CV: The patient returns to the office today in followup status post D.L. four weeks ago. He is doing well at the present time and is pleased with the results of his surgery to date. His wound is healing nicely and looks fine. I have advised him regarding the care of his back during this period of convalescence. He will use his discomfort as a guide for his activity. He will return to see me in four weeks in followup and further recommendations will depend on how he is doing at that time. PRM/jb

No letter.

4/29/03 pr c/o not big pain being severe after going to church and out to lunch. He has a Medrol Dosepak that he will start on 4/30/03. He has taken 50 mg of Vicof already today.

4/30/03 pr continues w/ pain & is very concerned. 7:30 AM CMC CBC & diff sent. Had late, prob. failed.

5/1/03 pr notified per PR that X-ray is good as well as pain.

4/30/03 patient's daughter states pr wishes he could die because of pain & depression. Advised to take pr. to ER for psych. eval. & tx. per/ptla

Spoke w[ith] p[atien]t's daughter. States p[atien]t wishes he could die because of pain and depression. Advised to take p[atient]t to ER for psych. eval and tx [treatment].

RECEIVED CONFIDENTIAL

000006-1PRD-00408

SMITH_A_0000408

May 15, 2003

Dr. Cato's Notes

Richard Smith
DOB: 7/1/50
MAY 15 2003
AIDS - HIV POSITIVE
HIV RNA IN POSITIVE STATUS

Had back pain 4-1
Having a lot of pain
Pain in ankles too

PHYSICAL EXAMINATION

General: ☐ Normal ☐ Abnormal

ENT: ☐ Normal ☐ Abnormal

Neck: ☐ Normal ☐ Abnormal

Chest: ☐ Normal ☐ Abnormal

Abdomen: ☐ Normal ☐ Abnormal

Extremities: ☐ Normal ☐ Abnormal

Neuro: ☐ Normal ☐ Abnormal

Psych: ☐ Normal ☐ Abnormal

000006-30HMA-00064

Had back pain 4-1
Having a lot of pain
Pain in ankles too

lost laminar syndrome
Back pain
A/D
VIOXX 12.5
Desipramine 10 hs
Lexapro 10 qd

June 27, 2003

Dr. Cato's Notes

A/D – doing well.
Overall improved.
Sleeping OK.
Off Lexapro – ran out.
Overall improved.

Name: Richard H. Smith OFFICE VISIT MR # 130899 Date: 6-27-03
TR 211 1120/80 144 14B
AID # CINDO

4/10 - doing well.
anxiety improved.
Sleeping OK.
Off Lexapro - ran out.
Overall improved.
Sylvia @ Huntington

DM HTN CAD CVD COPD Cancer of:
TB Hepatitis Rheumatic Fever STD None Pts reviewed:
Family History: Mother Brother Sister Pts reviewed:
Hypertension: _____ Marital Status: ☒ M ☐ W ☐ S ☐ D
Cancer (type): _____ Occupation: _____
Heart Dz / CVA: _____ Children: _____
Diabetes: _____ Tobacco Use: ☐ Never ☐ Quit ☐ Current
Other: _____ ETOH Use: _____ Education: _____
Pts reviewed: _____ State reviewed: _____

Review of Systems: ☐ Constitutional ☐ Eyes ☐ Ears, Nose, Throat ☐ Cardiorespiratory ☐ Cardiovascular ☐ Gastrointestinal ☐ Genitourinary ☐ Musculoskeletal ☐ Neurologic ☐ Psychologic ☐ Endocrine/Metabolic ☐ Hematologic ☐ Skin/Allergy

000006-30HMA-00065

Pain has taken over my Mind & Body

I need Back Surgery

Left & Right Rotator Cuffs

Right Bicep Torn

Back Surgery to correct Pain in Legs

Forgive me, I cannot go on like this!

I cannot have my body, the temple
of the Holy Spirit cut on anymore

I have talked to God all night and
He understands,

March 31, 2004

Dr. McCombs' Notes

NEUROSURGICAL ASSOCIATES

PATIENT: SMITH, Mr. Richard
DOCTOR: Paul McCombs, M.D.

Page 7

S.D.:

3/24/04 OV: The patient is seen in the office at the request of his wife. He is again having bilateral leg pain that radiates down his buttocks, perineal area, anterior part of his thigh and down to his knee. It does not go any further. He has difficulty with standing and ambulation. He went to see Dr. Mackey and Dr. Howell. After they worked him up they would not see him because he would not let them do his initial surgery. Review of the reports shows that he has stenosis at L2-3 and Dr. Mackey told him that it is recorded there is a break off of his fusion material that is encroaching some of the nerves in his lower back. Review of the CT and post myelogram shows spinal stenosis above his fusion site. I have discussed at length a treatment plan. He will have an ESI and start Neurontin 300 mg. po tid. He will followup with Dr. McCombs. He will also have an EMG per Dr. Clinton.

On exam he has a positive SLR at approximately 60 degrees for posterior thigh pain. He has had bilateral knee replacements and therefore it is difficult to evaluate knee reflexes. He has decreased ankle jerks in both legs. He denies any urinary or bowel incontinence. PM/jb

11 March 04 OV: The patient returns to the office today in followup. He had been seen by his orthopedist who sent him to Dr. Mackey who ordered a myelogram study. Dr. Mackey did not feel that the patient needed additional surgery. The patient was referred back here. His myelogram study demonstrated no nerve compromise. His EMG study demonstrated bilateral L5 and S1 radiculopathy which would explain his hip and leg pain. He is not a candidate for any type of operative intervention. He will be treated conservatively. He was instructed to take ibuprofen 600 mg. t.i.d. and was given a prescription for Lorazepam to take as needed 4mg with two refills. PRM/jb

No letter

5/3/04 Pt called c/o picking/ shooting feeling in buttocks & legs. He stated that he is having no relief. He is having P.T. at present but that hasn't helped so far. ESI has been suggested by Dr. Schmal but pt does not want to do that. Will call back he decides to take advantage of ESI at later date.
000006-34NEA-00003

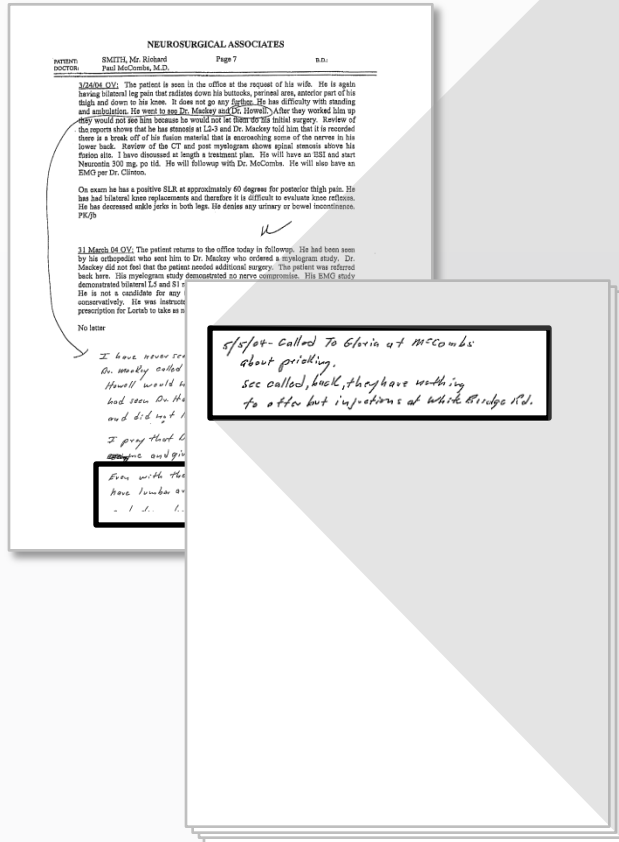
31 March 04 OV: ... He had been seen by his orthopedist who sent him to Dr. Mackey who ordered a myelogram study. Dr. Mackey did not feel that the patient needed additional surgery. ... He is not a candidate for any type of operative intervention. He will be treated conservatively.

May 5, 2004

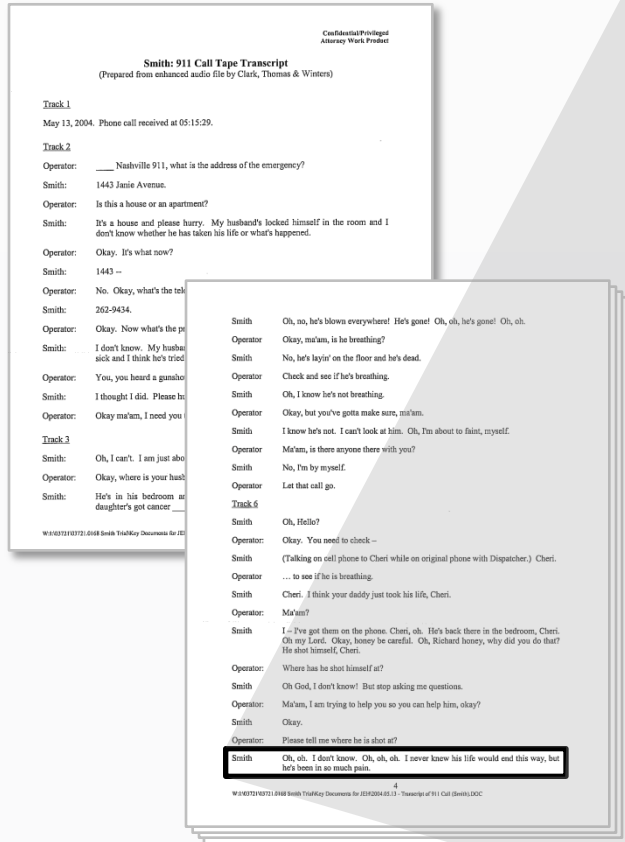
Dr. McCombs' Notes With Annotations by Mr. Smith

Even with the medication, I still have lumbar area back pain, buttocks...back of legs to my ankles.

5/5/04 – called to Gloria at McCombs' about pricking. Sec called back, they have nothing to offer but injections at White Bridge Rd.



911 Call Tape Transcript



Smith: Oh, oh. I don't know. Oh, oh, oh. I never knew his life would end this way, but he's been in so much pain.

Operator: So, he has been sick?

* * *

Smith: Oh, he's been so sick. Oh (crying).

* * *

Smith: I'm trying to call the other – one other one. (Crying). He was so, he was so sick and everything wrong with him.

May 2, 2003

Neurosurgical Associates Notes – Dr. McCombs

NEUROSURGICAL ASSOCIATES
PATIENT: SMITH, Mr. Richard H. Page 4
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RECEIVED CONFIDENTIAL

000006-1PRD-00408

SMITH_A_0000408

May 13, 2004

Police Report

Complaint # 04-240830
Off/Class: Death-Suicide
Victim: Richard H. Smith
Date: 5-13-04

Metropolitan Police Department
Homicide Unit
Supplement Report

On 5-13-04 at 0620 hours I arrived at 1443 Janie Avenue in response to the above victim being deceased due to a gunshot wound. I immediately interviewed the victim's wife, Ruth Brown Smith. Mrs. Smith states that about one year ago, the victim had hip and knee replacement surgery and has been in constant pain since that time. On 3-1-04, the victim mentioned to his daughter, Cindy Smith, that he might take his own life. On

the night of 2-12-04, Mrs. Smith slept upstairs and the victim slept in a downstairs room. About 0500 hours, Mrs. Smith came downstairs and saw that there was a light in the victim's room. The victim came into the den where Mrs. Smith was lying on the couch. The victim went back into his bedroom. Mrs. Smith heard a gunshot and found the victim's bedroom door to be locked. Mrs. Smith was able to get the door unlocked and found the victim on the floor in the bedroom.

I then went into the victim's bedroom and observed the victim sitting on the floor beside the bed. There was a white plastic bag on the bed and a large amount of blood on the bed and floor near the bed. There was also a bullet hole in the wall to the left of the victim over the headboard of the bed. There was a note on the dresser that indicated that the victim had caused his own death. This note was collected and turned into property room. There was a Smith & Wesson .38 caliber revolver (ser. #406944) lying on the floor near the victim's feet. There was one spent round in the cylinder and five live rounds. The victim was holding a pillow. The victim was dressed in pajamas and was wearing black house shoes and socks. It appears that the victim had placed the plastic bag on the bed to prevent the soiling of the bed with biohazard material. Further examination revealed a gunshot wound to the right side of the victim's head and an exit wound to the left side of the victim's head. This is also consistent with the location of the bullet hole in the wall to the left of the victim. The victim and his wife were the only people in the residence at the time of this incident. There were no signs of forced entry into the residence. There are also no indications of anything other than a self-inflicted gunshot wound.

Det. Danny Satterfield
C.I.D./Homicide

Danny Satterfield 275F4
5-13-04

000006-96MNP-00010

Metropolitan Police Department

* * *

On 3-1-04, the victim mentioned to his daughter, Cindy Smith, that he might take his own life.

Pain has taken over my Mind & Body

I need Back Surgery

Left & Right Rotator Cuffs

Right Bicep Torn

Back Surgery to correct Pain in Legs

Forgive me, I cannot go on like this!

I cannot have my body, the temple
of the Holy Spirit cut on anymore

I have talked to God all night and
He understands,